CUB SCOUT PACK 6028

COMMUNITY SERVICE REPORT FORM

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of Scout Participants: \_\_\_\_\_\_\_

Name / Rank of Participants:

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# of Leaders: \_\_\_\_\_\_\_\_\_\_

# of Parents: \_\_\_\_\_\_\_\_\_\_

# of tangible, if applicable? \_\_\_\_\_\_\_\_\_\_\_

Hours: \_\_\_\_\_\_\_\_\_\_\_\_

Description of Service:

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Project Leader Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entered? Y N Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_